

SELF-CARE FOR THE MENTAL HEALTH WORKER

When considering self-care during or after a terrorist event, it is important to examine two separate areas: emotional care and personal safety. Emotional care involves protecting one's own mental health and functioning, and personal safety refers to being aware of physical risks that one may be exposed to when involved with crisis response.

Emotional Care

Emotional care is particularly important in a terrorist situation because the disaster mental health worker may also be considered a survivor of the event. Disaster mental health workers are people too, and few people who respond to a mass casualty event remain untouched by it.

An important tool in protecting one's emotional health during a crisis is one that disaster mental health workers probably use already in their regular roles as counselors—setting personal boundaries. The boundaries that disaster mental health workers set will require a realistic assessment of their personal limits and what is needed to be effective in treating others. Keep in mind that it may be harder to maintain personal boundaries in a crisis because a disaster mental health worker also may have endured the same event, which can make it harder to remain emotionally detached. A few examples of personal boundaries that could be set include:

- Limiting exposure to media coverage
- Setting work hours (e.g., limiting shifts to 12 hours or less)
- Referring someone to another provider if the issues that come up are beyond one's expertise

Even the most experienced disaster mental health worker needs to be attentive to his or her own stress responses. Continual self-monitoring is an important component in managing stress and one's emotional health. The *Self-Monitoring Checklist* on the following pages can be used to measure stress levels following a terrorist event. Experiencing a few of the listed symptoms generally does not constitute a problem, but experiencing several symptoms from each category may indicate a need for stress reduction.

By taking care of oneself, the disaster mental health worker will be better able to care for the victims. Some stress reduction suggestions follow the checklist.

Self-Monitoring Checklist¹⁷

Check off anything that pertains to feelings, thoughts, or behaviors in the last 24–48 hours.

Behavioral

- ☐ I am more or less active than normal.
- ☐ I am not as effective or efficient as usual.
- ☐ People do not seem to understand what I am trying to say.
- ☐ I feel irritable or angry all the time.
- ☐ I cannot seem to rest, relax, or let down.
- ☐ I am eating a lot more/less than usual.
- ☐ I have trouble sleeping/am sleeping too much.
- ☐ I cry a lot or feel like crying all the time.
- ☐ I am drinking or smoking more than I usually do.

Physical

- ☐ My heart seems to beat fast all the time.
- ☐ I have an upset stomach, nausea, or diarrhea more often than normal.
- ☐ I have been gaining/losing a lot of weight.
- ☐ I perspire more than normal or often have chills.
- ☐ I have been having headaches.
- ☐ I have sore or aching muscles.
- ☐ My eyes are more sensitive to light.
- ☐ I have lower back pain.

¹⁷ Carter, N.C. (Draft, 2001). Stress management handbook for disaster response and crisis response personnel. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

- ☐ I feel there is a “lump in my throat” all the time.
- ☐ I jump at loud noises or when people come up behind me.
- ☐ I sleep okay, but I am still tired.
- ☐ I cannot get rid of this cold/I feel I am coming down with the flu.
- ☐ My allergies, asthma, arthritis, or other chronic health condition(s) have been bothering me more than usual.

Psychological/Emotional

- ☐ I have been on a natural high/an adrenaline rush for days.
- ☐ I feel anxious or fearful often.
- ☐ I can't keep my mind on my work.
- ☐ I feel sad, moody, or depressed.
- ☐ I have been having disturbing dreams.
- ☐ I feel guilty about what the survivors are going through.
- ☐ I feel overwhelmed, helpless, or hopeless.
- ☐ I feel isolated, lost, or alone.
- ☐ No one seems to understand or appreciate me.

Cognitive

- ☐ I am having trouble remembering things.
- ☐ I get confused easily.
- ☐ I cannot figure things out as quickly as I usually do.
- ☐ I keep making mistakes or cannot make decisions well.
- ☐ I have trouble concentrating.
- ☐ I cannot quit thinking about the disaster or incident.

Social

- ☐ I do not want to be around people.
- ☐ I do not want to listen to people.
- ☐ Trying to work with the group seems like a waste.
- ☐ I just do not like to ask for help.
- ☐ People seem so slow or unresponsive.

Some Things One Can Do to Reduce Stress and Renew Energy

- Take a walk or stretch.
- Stop and breathe deeply for a few moments.
- Talk to a trusted friend about your situation.
- Eat nutritious foods (e.g., lean protein, whole grains, fruits and vegetables) and avoid sugar, caffeine, and alcohol.
- Take a hot bath.
- Read a humorous or interesting book on a topic completely unrelated to what you are dealing with.
- Sit in a dark room for a few minutes to help relieve headaches.
- Get to sleep early, if possible.
- Be patient with yourself.
- Ask people who have been through a similar experience how they handle their stress.
- Get a friend to partner with you for stress monitoring and reduction.
- If you feel lonely or isolated, ask someone to go to dinner or a movie.
- Meditate.
- Exercise.
- Spend some time with friends, family, and/or pets.
- Try to stick to your morning and/or evening routines as much as possible.

- See if shifts can be rotated with a colleague so that neither person is doing high-stress work day after day.

Personal Safety

Personal safety, especially when making home visits and when in the area of the terrorist incident, can be an issue when a disaster mental health worker responds to a terrorist event. It is important to keep safety in mind at all times and to help other team members stay safe. It is also crucial to trust one's instincts. Some possible ways to protect oneself in potentially dangerous situations include:

- Conducting outreach in teams, if possible
- Making sure to carry a cell phone and a local map
- Determining the safety of an area before going there alone
- Dressing appropriately (i.e., counselors should not stand out from the crowd)
- Checking in with supervisors, other mental health workers, and/or friends and family at pre-agreed time intervals or maintaining a daily log with arrival/departure information
- Assessing the environment (e.g., being alert for unusual or dangerous activity/persons, honoring any request to leave)
- Determining with managers, team members, and/or other mental health workers before a mental health worker starts going out into the field what situations he or she absolutely should never get into (e.g., approach a house with a big dog in the yard), what possible dangers could be encountered, and which areas should not be entered under any circumstances

Depending on the nature of the event, the disaster mental health worker also may need to monitor his or her surroundings for potential environmental dangers and be ready to evacuate the area immediately if necessary. For example, after 9/11, responders had to be aware of the possibility that damaged buildings could collapse at any time.